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[www.dmvnv.com](http://www.dmvnv.com)

## AGENT'S COVERAGE AFFIDAVIT

NRS 485.317

In an effort to assist the insurance industry in verifying motor vehicle insurance in Nevada, the DMV is providing an affidavit that may be utilized by duly appointed Nevada insurance agents to verify their client's Nevada insurance policy.

The DMV Nevada LIVE system verifies insurance through a web-based verification system. When Nevada LIVE does not receive a confirmation from the insurance company on file for the vehicle registration a "postcard" is sent to the registered owner. The postcard requests the insurance information needed to verify the insurance coverage. The registered owner or their agent may respond using the web ([www.dmvnv.com](http://www.dmvnv.com)) or filling out the postcard and returning it to DMV.

By submitting this completed affidavit to the DMV, a Nevada insurance agent may now verify insurance coverage. This affidavit will allow time for the insurance company, not the agent, to update the policy to their database so Nevada DMV can receive a confirmation on the insurance policy.

Instructions for each Policy confirmation type, listed as 5 on the next page. Only one policy type may be selected. The following are specific requirements for each policy type.

1. Personal Vehicle or Trust Policy must include the vehicle information.
2. Operator Policy must include the Nevada Driver's License or Identification Card Number and when there are multiple registered owners, each must have an operator policy.
3. Commercial Vehicle Policy must include the FEIN. If a postcard has been generated, please include the vehicle information.
4. Fax the completed affidavit to 775.684.4543. **The completed original must be mailed and received by the Department within one week.**

**Note: Incomplete affidavits will not be accepted.**

## AGENT AFFIDAVIT

Please Print or Type

I, \_\_\_\_\_, being first duly sworn under penalty of perjury, hereby states:

1. That Affiant is employed as \_\_\_\_\_ for approximately \_\_\_\_\_ years.
2. That Affiant is over the age of twenty-one (21), and that I am competent to testify to the facts herein.
3. That Affiant makes the following statements as a duly appointed agent authorized to act on behalf of:

Insurance Company Name \_\_\_\_\_  
NAIC #: \_\_\_\_\_ for the purpose of confirming insurance liability coverage as required by NRS 485.055, 485.185, and 485.186.

4. That, to the best of Affiant's knowledge, the information is a true reflection of the information in the official records of the Insurance Company named in #3 and that the information is being provided for the purpose of a confirmation of insurance liability coverage.

5. Policy confirmation for (select one) ☐ Vehicle Specific ☐ Operator ☐ Commercial Vehicle ☐ Trust

Full Legal Name of the Insured (Policy Holder(s))

Name \_\_\_\_\_  
First Middle Last

Nevada Driver's License, Identification Card Number, or FEIN for businesses \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Nevada Driver's License, Identification Card Number, or FEIN for businesses \_\_\_\_\_

Vehicle Identification Number 

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Year \_\_\_\_\_ Make \_\_\_\_\_ Nevada License Plate Number 

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Insurance Information: Policy Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Renewal Date \_\_\_\_\_

Has there been a Lapse in Coverage? ☐ YES ☐ NO

First date of lapse \_\_\_\_\_ Last date of lapse \_\_\_\_\_

Affiant's Full  
Legal Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Address City State Zip Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Affiant's Signature \_\_\_\_\_ Date \_\_\_\_\_

State of Nevada, County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public

### For Departmental Use

☐ Approved ☐ Denied Comments \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_